BACKGROUND

Long-term care (LTC) residents constitute less than 1% of the US population, but they account for more than 40% of the COVID-19 deaths nationwide. With this novel COVID virus, care preferences of LTC residents have not been previously studied. Following the outbreak at Hebrew SeniorLife in March 2020, palliative care partnered with the Hinda and Arthur Marcus Institute for Aging Research to launch an extensive, efficient advance care planning (ACP) response. The clinicians leveraged telehealth to conduct ACP conversations with activated health care proxies of LTC residents.

OBJECTIVE

The study aimed to elicit and document the care preferences and code status of LTC residents in the event of COVID-19 infection.

METHODS

The Palliative Care Telehealth Intervention took place April 13 – May 26, 2020. LTC residents who lacked do-not-hospitalize (DNH) orders in the electronic medical record (EMR) by April 13 were eligible for this study. Palliative care trained redeployed clinicians from various disciplines (social work, psychology, speech-language pathology, and nursing) to facilitate telehealth calls to activated health care proxies. Specific training and support was provided in a COVID-19 discussion guide, as well as a protocolized workflow.

CLINICIANS:

- **1.** Documented the discussion in the EMR
- 2. Emailed the resident's primary care team
- 3. Completed a call log form in RedCAP

All code status changes were sent to the attending provider on the resident's primary care team, who documented the order change in the EMR.







COVID-19 Advance Care Planning with Telehealth for LTC Residents

PALLIATIVE CARE TELEHEALTH INTERVENTION

PATIENT ID

TRIAGE & PREP

OUTREACH

DOCUMENT











Marcus Institute for Aging Research Hebrew SeniorLife



HARVARD MEDICAL SCHOOL AFFILIATE

RESULTS

APRIL 13, 2020



PRIOR TO OUR STUDY:

• **54%** of LTC residents did not have a DNH directive

FOLLOWING ACP DISCUSSIONS:

• **39%** of study group acquired a new DNH directive

AMONG RESIDENTS WITH NEW DNH DIRECTIVES:

- **52%** were diagnosed with COVID-19
- **10%** of the study participants passed away
- **81%** were COVID-19 positive at the time of death

OF THE STUDY DECEDENTS:

- **72%** had a DNH order
- **0%** with a DNH order were hospitalized

CONCLUSIONS

Compassionate, COVID-specific ACP telehealth intervention increased the proportion of LTC residents with DNH directives. Our results suggest that many LTC residents may prefer comfortfocused care in the event of COVID-19 infection. Replicate our approach for your LTC facility to achieve goal-concordant care.



Learn How to Leverage Telehealth to Conduct Effective ACP **Conversations for LTC Residents**

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